

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00484642		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 3050 K St NW Ste 100			Amount 294549.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9TB217 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Media Buy		Category/ Type	MM / DD / YYYY		
Name of Federal Candidate Cory Gardner		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Calendar Year-To-Date Per Election for Office Sought 2409259.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014		
Mailing Address 3050 K St NW Ste 100			Amount 316994.00		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9TB290 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Media Buy		Category/ Type	MM / DD / YYYY		
Name of Federal Candidate Terri Lynn Land		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought 2895566.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			611543.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			611543.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Rebecca Lambe</i>		[Electronically Filed]		Date MM / DD / YYYY 07 / 18 / 2014	